



SAFEKEY FINANCIAL ASSISTANCE APPLICATION

Site:	Program:	Duration of Request:
Head of Household Name:	RecTrac account #	
Phone:	Cell Ph:	Work Ph:
Address:		
City (Must be within city limits):		Zip:
Email Address (Must be provided):		
Indicate Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Domestic Partner		

I. Household: Print names and requested information for everyone in the household. Include the person requesting assistance.
Please note failure to attend a program paid with financial assistance may result in suspension from receiving future financial aid.

First Name	Last Name	Date of Birth	Relationship to Applicant	Gender	Assistance Needed
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have primary physical custody of the minor child/children listed in the household?					<input type="checkbox"/> YES <input type="checkbox"/> NO

II. Employment: List all adults in the household who are working (include yourself as #1). Please add additional sheet, if needed.

First Name / Last Name	Employer Address & Contact Number	Paid How Often?	Gross Pay
		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	
		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	

III. Additional Income: Answer the following questions. For each "yes", provide documentation.

Do You Or Anyone In The Household:	
<ul style="list-style-type: none">Live in Public Housing or receive Section 8 Rental Assistance <input type="checkbox"/> YES <input type="checkbox"/> NOReceives or expect to receive public assistance (welfare) <input type="checkbox"/> YES <input type="checkbox"/> NOReceives or expect to receive unemployment benefits <input type="checkbox"/> YES <input type="checkbox"/> NOWork full-time, part time, or seasonally <input type="checkbox"/> YES <input type="checkbox"/> NOExpect to work for any period during the next year <input type="checkbox"/> YES <input type="checkbox"/> NOReceive cash for work <input type="checkbox"/> YES <input type="checkbox"/> NO	<ul style="list-style-type: none">Receives or expect to receive child support <input type="checkbox"/> YES <input type="checkbox"/> NOReceives or expect to receive alimony <input type="checkbox"/> YES <input type="checkbox"/> NOReceives or expect to receive Social Security or other retirement benefits <input type="checkbox"/> YES <input type="checkbox"/> NOReceive ADC <input type="checkbox"/> YES <input type="checkbox"/> NOReceive Disability <input type="checkbox"/> YES <input type="checkbox"/> NOReceive EBT/SNAP <input type="checkbox"/> YES <input type="checkbox"/> NOReceive TANF <input type="checkbox"/> YES <input type="checkbox"/> NO
• Could or would you pay to attend this program if financial aid was depleted? <input type="checkbox"/> YES <input type="checkbox"/> NO	



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REQUIRED: Copies of the following items are required:

- ☐ Photo ID for heads of household.
- ☐ Dependant birth certificates (copies).
- ☐ City of Las Vegas Resident/Address Verification (utility bill).
- ☐ Monthly income statement for each member of the household.
- ☐ Other income documentation.

IV. Acknowledgment of Terms and Award: *I acknowledge the following (read and initial next to each item below):*

- | | |
|---|---|
| <p><input type="checkbox"/> I am a city of Las Vegas resident.</p> <p><input type="checkbox"/> I have provided copies of all required documentation with this application including:</p> <ul style="list-style-type: none"><input type="checkbox"/> Photo ID for heads of household.<input type="checkbox"/> Dependent birth certificates.<input type="checkbox"/> City of Las Vegas Resident/Address Verification.<input type="checkbox"/> Monthly income statement for each member of the household.<input type="checkbox"/> Other income documentation. <p><input type="checkbox"/> If qualified, my household will receive a 25%, 50%, 75% subsidy rare based on household income and household size.</p> <p><input type="checkbox"/> Financial assistance is only applicable towards city of Las Vegas Safekey programs (Subject to fund availability).</p> <p><input type="checkbox"/> I understand that if I am awarded financial assistance I will be given a Household Cap, which is the maximum amount of assistance my household may receive in a funding cycle.</p> <p><input type="checkbox"/> I understand that I would NOT be guaranteed to receive the full Household Cap amount.</p> <p><input type="checkbox"/> Subsidy percentages will be applied to the household account for use by the patron beginning on the date of the award and can expire at any time due to the following: the end of the school year, or the overall financial aid funds have been depleted.</p> | <p><input type="checkbox"/> I understand that if am awarded financial assistance, I am still responsible for paying a portion of the Safekey pass fees. The required payment amount is based on the subsidy percentage awarded.</p> <p><input type="checkbox"/> Financial aid funds cannot be applied towards Safekey registration fees (YR passes), late pick-up fees, or extra fees associated with non-payment.</p> <p><input type="checkbox"/> I understand that financial assistance for Safekey will only be considered after all other means of financial assistance for child care (Urban League, Family Respite or Tribal Council) have been exhausted.</p> <p><input type="checkbox"/> Financial Assistance for Safekey will be awarded only to the specified household account and is non-transferable.</p> <p><input type="checkbox"/> Subsidy percentages are non-refundable, non-transferable, and cannot be used retroactively to program enrollments made prior to the date of award.</p> <p><input type="checkbox"/> Financial assistance may be terminated for any violation of the Parent or Participant Code of Conduct, violation of PrePaid Service Policy, if the applicant moves out of the city of Las Vegas boundaries, or if participants are not enrolled in the Safekey program within 90 days of approval date.</p> |
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In accordance with the regulation governing the use of these funds, please supply the requested information. This information is confidential and only for use by the public agencies providing funding, In-complete packets will not be accepted.

PENALTY FOR MISINTERPRETATION:

I/We certify that all of the above information is true and correct and that all income is reported to the best of my/our knowledge and belief. I/We understand that this information is being given the receipt of government funds, I/We consent to verification of this information by the service provider, the City of Las Vegas, or other government officials as required; and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. I/We also understand that false statements or information are grounds for termination of assistance. In the event my/our income changes due to marriage, divorce, births, deaths, promotions, termination etc. I/we must provide documentation to that effect and updated income statements within (10) business days for financial aid recertification.

Applicant Signature

Date

Applicant Print Name

STAFF USE ONLY

Center/Program staff that received and verified documentation: _____

Date Completed Application Submitted: _____